



# CITY OF SAN DIEGO California

OFFICE OF THE CITY TREASURER  
BUSINESS TAX PROGRAM

PO BOX 122289

SAN DIEGO CA 92112-2289

(619) 615-1500 8:00 a.m.-5:00 p.m. M-F

Certificate/Account Number

## Business Tax Application

☐ Sole Proprietorship

☐ Limited Partnership

☐ S-Corporation

☐ Husband & Wife Sole

☐ Limited Liability Company

☐ Trust

☐ Partnership

☐ Corporation

☐ Non-Profit Org.

Business Name (DBA):

Business Owner Name (individual/partnership/corporate name):

### Business Telephone and Address Information

☐ Home-Based Business?

Business Telephone Number:

( )

E-Mail Address (e.g. JohnDoe@company.com):

Fax Telephone Number:

( )

Assessor Parcel Number (APN):

Business Address:

Suite:

Post Office Box Number:

Personal Mail Box (PMB):

City:

State:

Zip Code:

Country:

### Mailing Telephone and Address Information

☐ Same as Business Address?

Mailing Telephone Number:

To The Attention of:

Mailing Address:

Mailing Suite:

Post Office Box Number:

Personal Mail Box (PMB):

City:

State:

Zip Code:

Country:

### Business Activity

Business Start Date in San Diego:

Number of Employees:

Number of Units:

Federal Employer Identification Number (FEIN):

Seller's Permit Number (BEAN):

### Business Activity Types:

Agriculture (11)

Wholesale (42)

Real Estate/Rental/Leasing (53)

Health Care/Social Assistance (62)

Mining (21)

Retail (44-45)

Professional/Scientific/Technical (54)

Arts/Entertainment/Recreation (71)

Utilities (22)

Transportation and Warehousing (48-49)

Management Service (55)

Accommodation/Foodservices (72)

Construction (23)

Information Services (51)

Administrative and Support (56)

Other Services (81)

Manufacturing (31-33)

Finance and Insurance (52)

Educational Services (61)

Public Administration (92)

#### DETAILED DESCRIPTION IS MANDATORY.

Describe Primary Business Activity in Detail:

Primary Activity Code:

Describe Additional Business Activity in Detail:

Secondary Activity Code:

## Fire Questionnaire

1. Please indicate whether your business uses, stores, or handles any of the materials listed below:

- |  |   |   |  |   |
|--|---|---|--|---|
| <input type="checkbox"/> Compressed Gases    | <input type="checkbox"/> Explosives or Blasting Agents    | <input type="checkbox"/> Highly Toxic Materials | <input type="checkbox"/> Pyrophoric Materials          | <input type="checkbox"/> Water-Reactive Materials |
| <input type="checkbox"/> Corrosive Materials | <input type="checkbox"/> Flammable or Combustible Liquids | <input type="checkbox"/> Organic Peroxides      | <input type="checkbox"/> Radioactive Materials         | <input type="checkbox"/> Other Health Hazards     |
| <input type="checkbox"/> Cryogenic Fluids    | <input type="checkbox"/> Flammable Solids                 | <input type="checkbox"/> Oxidizers              | <input type="checkbox"/> Unstable (Reactive) Materials |   |

2. Please indicate whether the below-listed equipment or processes are used in your business:

- |   |   |   |   |  |  |
|---|---|---|---|--|--|
| <input type="checkbox"/> Auto Repair      | <input type="checkbox"/> Combustible Metals | <input type="checkbox"/> Dust Producing | <input type="checkbox"/> Metal Plating          | <input type="checkbox"/> Painting/Silk Screening   | <input type="checkbox"/> Spray Painting  |
| <input type="checkbox"/> Chemical Storage | <input type="checkbox"/> Dip Tanks          | <input type="checkbox"/> Flow Coaters   | <input type="checkbox"/> Industrial Ovens/Kilns | <input type="checkbox"/> Semiconductor Fabrication | <input type="checkbox"/> Welding/Cutting |

3. Please indicate whether there is a detection or fire extinguishing system within your facility:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Building Fire Protection Sprinkler System | <input type="checkbox"/> Commercial Cooking Fire Extinguishing System | <input type="checkbox"/> Dry Chemical Extinguishing System (Not a Fire Extinguisher) | <input type="checkbox"/> Fire Alarms (Not Smoke Alarm) |
|--|---|--|--|

4. Please indicate if the following applies to your business:

- ☐ Any business where 50 or more persons may gather together in a building, room, or structure used for drinking, dining, education, entertainment, or worship.

- ☐ None of the above apply to this business and/or business address is not in City limits of San Diego.

## Ownership Information (Individual/Partners/Corporate Officers)

First Name:	Middle Initial:	Last Name:	Suffix (Jr/Sr/III)
Social Security Number:		Title:	
Residence Telephone Number:		E-Mail Address (e.g. JohnDoe@company.com):	
Residence Address:			Suite Number:
City:	State:	Zip Code:	Country:
State License Number:		State License Type:	

First Name:	Middle Initial:	Last Name:	Suffix (Jr/Sr/III)
Social Security Number:		Title:	
Residence Telephone Number:		E-Mail Address (e.g. JohnDoe@company.com):	
Residence Address:			Suite Number:
City:	State:	Zip Code:	Country:
State License Number:		State License Type:	

First Name:	Middle Initial:	Last Name:	Suffix (Jr/Sr/III)
Social Security Number:		Title:	
Residence Telephone Number:		E-Mail Address (e.g. JohnDoe@company.com):	
Residence Address:			Suite Number:
City:	State:	Zip Code:	Country:
State License Number:		State License Type:	

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State, and City laws and regulations. I further understand that any false statements made herein are grounds for denial or revocation of the business application.

### FOR OFFICE USE ONLY

Amount Owed:

Payment Date:

Amount Paid:

CSH

CK

CC

MO

SIGNATURE

DATE